ARIZONA STATE BOARD OF HEALTH Vol. 8-27 # 200

BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original).

SUPPLEMENTARY REPORT OF BIRTH   Local Registrar's No.*............

Place of Birth...........**Globe**...........County...........**Gila**...........No...............
(Registration District)

SEX OF CHILD *	Twin Triplet or other?	{ and }	Number * in order of birth
Female			7

DATE OF BIRTH*............**August 30**............192_7_
                                    (Month)   (Day)   (Year)

FULL* NAME — **FATHER**
Louis Belmont

FULL* MAIDEN NAME — **MOTHER**
Mary Ellen Hargett

I HEREBY CERTIFY that the child described herein been named

Donzella   _Belmont_
(Given name in full)   (Surname)

Mary E. Belmont
(Father's or Mother's Signature)

CW Adams
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN I

Supplementary report must be returned within 15 day

1-30-28

RECEIVED

1927

File...........